



PART B - FEE(S) TRANSMITTAL

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23363 7590 03/30/2005

CHRISTIE, PARKER & HALE, LLP
PO BOX 7068

PASADENA, CA 91109-7068

05/24/2005 AKELECH2 00000091 10015905

01 FC:2503 550.00 OP
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Trudi Thompson	(Depositor's name)
<i>Trudi Thompson</i>	(Signature)
May 19, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,905	12/05/2001	James W. Coiner	47499/VGG/C614	5799

TITLE OF INVENTION: HYBRID TEA ROSE PLANT NAMED 'MISS AMBER'

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$550	\$300	\$850	06/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LOCKER, HOWARD J	1661	PLT-136000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Christie, Parker & Hale, LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Coiner Nursery

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LaVerne, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 3 color

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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1728 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Cynthia A. Bonner*Date May 19, 2005

Typed or printed name

Cynthia A. Bonner

Registration No. 44,548

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